

No. 24-1133
DISTRICT COURT CASE NO. 2:24-CR-91-ODW
RELATED CASE NO. 2:24-mj-00166-DJA-1

UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT

ALEXANDER SMIRNOV,
Appellant-Defendant,

vs.

UNITED STATES OF AMERICA,
Appellee-Plaintiff.

ON APPEAL FROM THE UNITED STATES DISTRICT COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA

**APPELLANT'S MOTION FOR LEAVE TO FILE SUPPLEMENT TO
MEMORANDUM OF LAW AND FACTS
IN SUPPORT OF FRAP 9(a) APPEAL**

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Attorneys for Appellant
ALEXANDER SMIRNOV

Comes Now Appellant Alexander Smirnov, by and through his counsel David Z. Chesnoff, Esq., and Richard A. Schonfeld, Esq., of the law offices of Chesnoff & Schonfeld, and hereby files his Motion for Leave to file Supplement to Memorandum of Law and Facts in Support of FRAP 9(a) Appeal, along with a Supplemental Appendix of Exhibits.

This Motion is made and based upon the papers and pleadings on file herein and the attached proposed Supplement and Supplemental Appendix of Exhibits (Exhibit 1). Appellant respectfully requests that the Honorable Court grant leave to file Exhibit 1 as his Supplement to the previously filed Memorandum of Law and Facts in Support of FRAP 9(a) Appeal.

Dated this 14th day of March, 2024.

Respectfully Submitted:

/s/ Richard A. Schonfeld
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Attorneys for Appellant

MEMORANDUM OF POINTS AND AUTHORITIES

On March 1, 2024, this Honorable Court entered a Docketing Notice in this Appeal. That Notice provided that Appellant's FRAP 9(a) Memorandum was due by March 14, 2024. Notwithstanding that the Memorandum was not due until March 14, 2024, the Appellant filed his Memorandum and supporting Exhibits on March 8, 2024. (Dkt 6.1 and 6.2).

Thereafter, on March 11, 2024, Appellant filed an Ex-Parte Emergency Motion in the District Court (Dkt. 52) seeking a Medical Furlough for 30 days pursuant to 18 U.S.C. §3142(i), or in the alternative, seeking an Order requiring the United States Marshal Service to Transport Defendant for Surgery and Post-Operative Care with Dr. Tanaka in San Francisco, California. (See, Exhibits attached to proposed Supplement).

The basis for the Motion was that Appellant has a history of advanced open angle glaucoma in both eyes. Appellant has undergone several surgeries to treat his glaucoma and prevent blindness; however, his intraocular pressure continues to be poorly controlled despite maximal tolerated medical therapy. Appellant has suffered severe optic nerve damage from glaucoma. In spite of multiple surgeries in both eyes Appellant's intraocular pressure is under poor control, even with maximal tolerated medical therapy. Therefore, Appellant requires additional glaucoma surgery

to lower his intraocular pressure and prevent irreversible blindness from glaucoma. In support of the Ex-Parte Emergency Motion Appellant submitted a letter from Dr. Tanaka, Appellant's treatment provider and surgeon, as well as his Curriculum Vitae. (See, Exhibits attached to proposed Supplement).

Dr. Tanaka had scheduled Appellant to have glaucoma surgery in his right eye on March 27, 2024, at Eye Surgery Center of San Francisco, San Francisco, California, located at 1160 Post Street, San Francisco, California. The surgery was to be performed at 7:00 AM and would require Appellant to report to the facility at 6:00 AM for pre-operative registration and preparation. This surgery is an outpatient procedure done under local anesthesia and does not require an overnight hospital stay. As this surgery entails some risks (surgical failure, infection, bleeding, need for re-operation, loss of vision), Appellant would require weekly post-operative visits after his surgery to monitor his healing and manage any potential post-operative complications.

On March 12, 2024, the Government filed its Opposition to the Motion. (See, Exhibits attached to proposed Supplement). On March 13, 2024, the District Court denied the Motion. (See, Exhibits attached to Proposed Supplement).

Appellant's Ex-Parte Emergency Motion and the Court Order denying said relief, form an additional basis upon which this Honorable Court should grant Appellant relief in his FRAP 9(a) Appeal. Accordingly, Appellant seeks leave to file the attached proposed Supplement and Supplemental Appendix of Exhibits (Exhibit 1).

It should be noted that today was the deadline for Appellant to file his FRAP 9(a) Memorandum and there will be no prejudice to the Government if leave is granted to supplement Appellant's previously filed Memorandum.

Dated this 14th day of March, 2024.

Respectfully Submitted:

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Attorneys for Appellant

CERTIFICATE OF SERVICE

I hereby certify that on this 14th day of March, 2024, I caused the forgoing document to be filed electronically with the Clerk of the Court through the CM/ECF system for filing; and served on counsel of record via the Court's CM/ECF system including:

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Employee of Chesnoff & Schonfeld

EXHIBIT

1

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**APPELLANT'S SUPPLEMENTAL MEMORANDUM OF LAW AND
FACTS IN SUPPORT OF FRAP 9(a) APPEAL**

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I. ADDITIONAL PROCEDURAL HISTORY AND BASIS FOR RELIEF

On February 26, 2024, at the Detention Hearing for Appellant, counsel Chesnoff advised the Court of his concern related to Appellant's glaucoma and the need for surgery. Notwithstanding the significant medical concern, Appellant was Ordered detained and is now in the custody of the United States Marshals Service.

On March 11, 2024, Appellant filed an *ex parte* Emergency Motion in the District Court (D. Ct. Dkt. 52) (the "motion") seeking a Medical Furlough for 30 days pursuant to 18 U.S.C. §3142(i), or in the alternative, seeking an Order requiring the United States Marshal Service to Transport Defendant for Surgery and Post-Operative Care with Dr. Tanaka in San Francisco, California. (*See* Exhibit S, D. Ct. Dkt. 52).¹

The basis for the Motion was that Appellant has a history of advanced open angle glaucoma in both eyes and requires surgery to prevent irreversible blindness. Exhibit A to that Motion was a letter from H. George Tanaka, MD, the physician responsible for treatment related to Mr. Smirnov's eye condition.

As detailed in Dr. Tanaka's letter:

Mr. Smirnoff [has] a history of advanced open angle glaucoma in both eyes. Mr. Smirnov has undergone several surgeries to treat his

¹ The same exhibits (A through R) that were attached to Appellant's Motion in the district court (D. Ct. 52) were also attached to Appellant's Memorandum of Law and Facts in Support of FRAP 9(a) appeal. *See* 9CA Dkts. 6.1 (memorandum) and 6.2 (exhibits A through R). Unless otherwise specified, this Supplement's citations to exhibits A through R will refer to the exhibits attached to 9CA Dkt. 6.2. Additionally, for purposes of this Supplement, Appellant will start with Exhibit S.

glaucoma and prevent blindness; however, his intraocular pressure continues to be poorly controlled despite maximal tolerated medical therapy. Mr. Smirnoff has suffered severe optic nerve damage from glaucoma and as a result has marked constriction of his peripheral vision in both eyes. (see enclosed visual field tests) In spite of multiple surgeries in both eyes Mr. Smirnov's intraocular pressure is under poor control, even with maximal tolerated medical therapy. Therefore, Mr. Smirnov requires additional glaucoma surgery to lower his intraocular pressure and prevent irreversible blindness from glaucoma. . . .

Mr. Smirnov will require weekly post-operative visits after his surgery to monitor his healing and manage any potential post-operative complications. These postoperative visits should be performed by a fellowship-trained glaucoma specialist such as myself in a properly equipped ophthalmic outpatient clinic.

In addition, Mr. Smirnov requires daily application of glaucoma eyedrop medication to control his intraocular pressure until he undergoes his surgery on March 27. He will also require daily application of post-operative eyedrop medications to prevent infection and encourage proper healing of his operated eye.

See Ex. B to D. Ct. 52 (curriculum vitae for Dr. Tanaka).

As set forth in greater detail Dr. Tanaka had scheduled Appellant to have glaucoma surgery in his right eye on March 27, 2024, in San Francisco, California. This surgery is an outpatient procedure done under local anesthesia and does not require an overnight hospital stay. Nevertheless, the surgery entails some risks, including surgical failure, infection, bleeding, need for re-operation, and loss of vision. Appellant would thus require weekly post-operative visits after to monitor his healing and manage any potential complications.

On March 12, 2024, the Government filed its Opposition to the motion. (*See* Exhibit T). On March 13, 2024, the District Court denied the motion. (*See* Exhibit U).

Appellant provides this information as additional basis for relief in his pending FRAP 9(a) Appeal (*see* 9CA Dkt. 6.1).

The Ex-Parte Emergency Motion outlined that the district court had jurisdiction under 18 U.S.C. § 3231 to grant relief.

II. ARGUMENT

A. As set forth in its FRAP 9(a) appeal, this Court should hold that the district court clearly erred in ordering Appellant detained before trial and should, at a minimum, order him released for purposes of treating his severe medical condition and his manifest need for immediate surgery

18 U.S.C. § 3142(i) provides that the District Court (as “judicial officer”) “may, by subsequent order, permit the temporary release of the person, in the custody of a United States marshal or another appropriate person, to the extent that the judicial officer determines such release to be necessary for . . . another compelling reason.” 18 U.S.C.A. § 3142(i) (emphasis added).

Appellant’s medical condition is “compelling” and thus warrants at least temporary release on a medical furlough for 30 days. First – and despite the district court’s order suggesting that Appellant must surmount a series of clearly insurmountable administrative hurdles –Appellant cannot receive the needed

surgery for his eye condition in the facility where he's currently housed; in fact, that facility does not have a surgical theatre. *But compare* Ex. U.

Second, his eye condition is *right now* causing him pain: he is not simply “worried” that his eyes “might” worsen at some point in the future.

Third, he would gladly consent to the imposition of any other reasonable conditions of temporary release while on medical furlough. And fourth, he was fully compliant with his prior conditions of release during the short, two-day period after his release but prior to his second arrest. *Compare United States v. Parton*, No. 321CR107KACJEM1, 2023 WL 2957803, at *1 (E.D. Tenn. Apr. 14, 2023) (unpublished) (unlike Mr. Smirnov’s case, 1) “staff at [the convicted Parton’s] detention facility have provided him proper medical care and assistance;” 2) Parton “speculatively” worried about “potentially getting an infection” while awaiting sentencing in custody; and 3) Parton’s “prior conduct while on pretrial release in this case continues to demonstrate that he poses a serious flight risk and ‘danger to the safety of any other person or the community’”).

In addition, it should be noted that the Eighth Amendment to the United States Constitution prohibits “cruel and unusual punishments. . . .” Moreover, substantive due process requires the government to provide medical care to persons who are injured while in custody. *See, e.g., City of Revere v. Mass. Gen. Hosp.*, 463 U.S. 239, 244 (1983). The Supreme Court’s decision in *Kingsley v. Hendrickson*, 576

U.S. 389 (2015) changed the landscape for claims by pre-trial detainees. *Kingsley* recognized that the Fourteenth Amendment (and by extension, the Fifth) provides a different constitutional standard than the Eighth Amendment for non-prisoner excessive force claims; while the Eighth Amendment prohibits only cruel and unusual punishment, “pretrial detainees (unlike convicted prisoners) cannot be punished at all.” *Id.* at 400. The *Kingsley* Court therefore held that, under the Due Process clauses, a government official need not be subjectively aware that their actions are unreasonable; an aggrieved individual need only show that the government’s

“Factual findings underlying a district court’s pretrial release or detention order, including whether a defendant is a flight risk . . . , are reviewed under the clearly erroneous standard, ‘coupled with an *independent review* of the facts, the findings, and the record to determine whether the order may be upheld.’” *United States v. Fidler*, 419 F.3d 1026, 1029 (9th Cir. 2005) (emphases added) (quoting *Gebro*, 948 F.2d at 1121); *see also United States v. Townsend*, 897 F.2d 989, 993–94 (9th Cir. 1990) (while factual findings are reviewed deferentially, “the *conclusions* based on such factual findings . . . *require the exercise of sound judgment* as to the values underlying the legal principles Accordingly, *we make an independent examination of the record* to determine whether the pretrial detention

order is consistent with the defendant's constitutional and statutory rights and arrive at our conclusion *de novo*.”) (emphases added).

The facility where Appellant is housed simply cannot perform the surgery he needs to stabilize his eyesight. Given this irreducible fact, the district court's suggestion that Appellant needs to complete a Government-erected, administrative obstacle course as a precondition to medical care smacks not just of constitutional and statutory violations, but also of callousness. *Compare, e.g., Fraley v. U.S. Bureau of Prisons*, 1 F.3d 924, 925 (9th Cir. 1993) (excusing failure to exhaust administrative remedies when challenging proper computation of time-served: “[B]ecause the [Bureau of Prisons’] Regional Director would almost certainly have denied her request as well, . . . we agree . . . that any further application for administrative remedies *would be futile*.”) (emphasis added), *with* Ex. U (district court insists, in March 13 order, that Appellant fully comply with “the established protocol” for medical furlough) *and* Ex. B at p. AA00012 (district court states—at the outset of the “status conference” on February 26—that it has *already decided* that Appellant would be detained: “[J]ust to let you know what I’m thinking, I’m not satisfied that there are conditions or combinations of conditions which will establish [sic] or satisfy my concern as to whether or not you will flee the jurisdiction.”). Under these circumstances, adherence with “the established protocol” will be futile.

III. CONCLUSION

The significant medical needs of Appellant, coupled with the basis for release outlined in Appellant's previously filed Memorandum of Law, warrant relief from this Honorable Court in the form of an Order of Pretrial Release, or at a minimum, an Order for a 30-day medical furlough release, under whatever reasonable conditions the district court imposes.

DATED this 14th day of March, 2024.

Respectfully Submitted:

CHESNOFF & SCHONFELD

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CERTIFICATE OF SERVICE

I hereby certify that on this 14th day of March, 2024, I caused the forgoing document to be filed electronically with the Clerk of the Court through the CM/ECF system for filing; and served on counsel of record via the Court's CM/ECF system including:

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UNITED STATES OF AMERICA,
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ON APPEAL FROM THE UNITED STATES DISTRICT COURT
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**APPELLANT'S SUPPLEMENTAL APPENDIX OF EXHIBITS S
THROUGH U IN SUPPORT OF FRAP 9(a) APPEAL**

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SUPPLEMENTAL APPENDIX OF EXHIBITS TO APPELLANT'S FRAP
9(A) APPEAL

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<u>EXHIBIT:</u>	<u>DESCRIPTION:</u>
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EXHIBIT T.....	OPPOSITION TO EX-PARTE EMERGENCY MOTION FOR MEDICAL FURLOUGH -March 12, 2024 (Doc. 54) 2:24-CR-91-ODW (AA0000452-61)
EXHIBIT U.....	ORDER DENYING EX-PARTE EMERGENCY MOTION FOR MEDICAL FURLOUGH - March 14, 2024 (Doc. 56) 2:24-CR-91-ODW (AA000462-64)

EXHIBIT S

EMERGENCY MOTION FOR MEDICAL FURLOUGH 2:24-CR-91-ODW

AA000415

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 2 *Pro Hac Vice*
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 11 Attorneys for Defendant, ALEXANDER SMIRNOV

12 UNITED STATES DISTRICT COURT
 13 CENTRAL DISTRICT OF CALIFORNIA

14 * * * * *

15 UNITED STATES OF AMERICA,)

16 Plaintiff,)

17 v.)

18 ALEXANDER SMIRNOV,)

19 Defendant,)

20 CASE NO. 2:24-CR-00091-ODW

21 **DEFENDANT'S EMERGENCY EX PARTE MOTION FOR MEDICAL**
 22 **FURLOUGH FOR THE NEXT THIRTY DAYS PURSUANT TO**
 23 **18 U.S.C. § 3142(i) OR IN THE ALTERNATIVE FOR AN ORDER**
 24 **REQUIRING THE UNITED STATES MARSHAL SERVICE TO**
 25 **TRANSPORT DEFENDANT FOR SURGERY AND POST-OPERATIVE**
 26 **CARE WITH DR. TANAKA IN SAN FRANCISCO, CALIFORNIA**

27 COMES NOW, Defendant, ALEXANDER SMIRNOV ("Mr. Smirnov"), by
 28 and through his attorneys, DAVID Z. CHESNOFF, ESQ., and RICHARD A.

1 SCHONFELD, ESQ., of the law firm of CHESNOFF & SCHONFELD and hereby
2 Submits his Emergency *Ex Parte* Motion for Medical Furlough for the Next 30
3 Days pursuant to the authority of 18 U.S.C. § 3142(i). Specifically, Defendant is
4 seeking to be released on March 26, 2024, so that he can travel to San Francisco,
5 California, for eye surgery on March 27, 2024, with H. George Tanaka, MD and to
6 attend all medically required post-operative care through April 26, 2024.
7
8 Alternatively, Defendant requests that this Honorable Court issue an Order
9 requiring the United States Marshal Service to transport Defendant for surgery to
10 take place on March 27, 2024, at 7:00am with Dr. Tanaka as well as for all post-
11 operative appointments¹.
12
13

14 This Emergency *Ex Parte* Motion is made and based upon the attached
15 Memorandum of Points and Authorities, Declaration of Counsel, the letter from
16
17
18
19

20 ¹ On March 8, 2024, Counsel Chesnoff spoke to a United States Marshals' Office Los Angeles
21 representative (named either R. Kith or R. Keith) who works in Detention Management. The
22 following is a summary of the conversation, and it is to the best of counsel's recollection (and if
23 there are any inaccuracies counsel will stand corrected). The representative of the USMS stated
24 that it would not be within the Marshals' protocol to travel with a prisoner for six hours to San
25 Francisco for surgery. He further stated that the process requires the Defendant to first notice the
26 medical staff at the Santa Ana City jail of his medical problem issues. After that, a medical staff
27 member will be assigned to evaluate Defendant's request for surgery and his underlying medical
28 issues. That medical staff member in turn should make a recommendation to the national USMS
medical center who in turn either denies the request for the surgery or directs the jail and the
USMS to utilize a surgeon under contract to the jail for the procedure. As stated herein, it is
respectfully submitted that this protocol will not address Defendant's serious eye issues in a
timely manner and may result in irreparable harm. For that reason, that Defendant is seeking the
alternative remedy of a Court Order directing the USMS to transport Defendant for the surgery
and post-operative care with Dr. Tanaka.

1 Dr. Tanaka submitted herewith, and the curriculum vitae of Dr. Tanaka submitted
2 herewith.
3

4 Undersigned counsel conferred with counsel for the government via email
5 on March 8, 2024, but the parties could not resolve the issues. The government
6 opposes this Motion.
7

8 This *Ex Parte* Motion is brought in light of the emergency medical issues
9 related to Defendant's health, specifically Defendant's eyes and as further detailed
10 in the attached letter from Dr. Tanaka. Undersigned counsel has also notified
11 counsel for the government, via email, of the filing of this *Ex Parte* Motion.
12

13 Dated this 11th day of March, 2024.
14

15 Respectfully Submitted:

16 CHESNOFF & SCHONFELD

17
18 /s/ David Z. Chesnoff
19 DAVID Z. CHESNOFF, ESQ.
20 *Pro Hac Vice*
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28 Attorneys for Defendant
ALEXANDER SMIRNOV

1 **MEMORANDUM OF POINTS AND AUTHORITIES**

- 2 A. **THE COURT SHOULD ORDER THAT DEFENDANT BE**
3 **RELEASED ON MEDICAL FURLOUGH FOR THE NEXT THIRTY**
4 **DAYS PURSUANT TO 18 U.S.C. § 3142(i) SO THAT DEFENDANT**
5 **CAN TRAVEL TO SAN FRANCISCO, CALIFORNIA, FOR EYE**
6 **SURGERY ON MARCH 27, 2024, WITH DR. TANAKA AND SO**
7 **THAT DEFENDANT CAN OBTAIN ALL MEDICALLY REQUIRED**
8 **POST-OPERATIVE CARE**

9 On February 26, 2024, at the Detention Hearing for Mr. Smirnov, counsel
10 Chesnoff advised the Court of his concern related to Mr. Smirnov's glaucoma and
11 the need for surgery. Notwithstanding the significant medical concern, Mr. Smirnov
12 was Ordered detained and is now in the custody of the United States Marshals
13 Service.
14

15 Attached hereto as Exhibit A is a letter from H. George Tanaka, MD, the
16 physician responsible for treatment related to Mr. Smirnov's significant eye
17 condition.
18

19 Attached hereto as Exhibit B is the curriculum vitae ("CV") for Dr. Tanaka.
20 The CV reflects that Dr. Tanaka graduated from the Harvard Medical School,
21 performed his internship at the Harvard Medical School, and did his Fellowship in
22 Glaucoma Service at the Department of Ophthalmology Northwestern University.
23

24 Dr. Tanaka recites in his letter that Mr. Smirnov has a history of advanced
25 open angle glaucoma in both eyes. Mr. Smirnov has undergone several surgeries to
26 treat his glaucoma and prevent blindness; however, his intraocular pressure
27
28

1 continues to be poorly controlled despite maximal tolerated medical therapy. Mr.
2 Smirnov has suffered severe optic nerve damage from glaucoma. In spite of multiple
3 surgeries in both eyes Mr. Smirnov's intraocular pressure is under poor control, even
4 with maximal tolerated medical therapy. Therefore, Mr. Smirnov requires additional
5 glaucoma surgery to lower his intraocular pressure and prevent irreversible blindness
6 from glaucoma.
7

8
9 Dr. Tanaka has scheduled Mr. Smirnoff to have glaucoma surgery in his right
10 eye on March 27, 2024, at Eye Surgery Center of San Francisco, San Francisco,
11 California, located at 1160 Post Street, San Francisco, California. The surgery will
12 be performed at 7:00 AM and he will be required to report to this facility at 6:00 AM
13 for pre-operative registration and preparation. This surgery is an outpatient
14 procedure done under local anesthesia and does not require an overnight hospital
15 stay. As this surgery entails some risks (surgical failure, infection, bleeding, need
16 for re-operation, loss of vision), Mr. Smirnov will require weekly post-operative
17 visits after his surgery to monitor his healing and manage any potential post-
18 operative complications. In addition, Mr. Smirnov requires daily application of
19 glaucoma eyedrop medication to control his intraocular pressure until he undergoes
20 his surgery on March 27, 2024.
21

22 He will also require daily application of post-operative eyedrop medications
23 to prevent infection and encourage proper healing of his operated eye.
24
25
26
27
28

1 **i. IRREPARABLE HARM**

2 Undersigned counsel does not take the submission of this *Ex Parte*
3
4 Motion lightly. Due to the time sensitive nature of the request (given that
5 surgery is scheduled for 16 days from now), and in light in Defendant's medical
6 condition, and the need for surgery to lower his intraocular pressure and prevent
7 irreversible blindness from glaucoma, it is respectfully submitted that emergency ex-
8 parte relief is warranted under the circumstances. It is respectfully submitted that
9 the threat of irreparable harm (i.e. blindness/loss of eyesight) is not speculative.
10

11
12 As detailed in Dr. Tanaka's letter:

13 Mr. Smirnoff [has] a history of advanced open angle glaucoma in both
14 eyes. Mr. Smirnov has undergone several surgeries to treat his
15 glaucoma and prevent blindness; however, his intraocular pressure
16 continues to be poorly controlled despite maximal tolerated medical
17 therapy. Mr. Smirnoff has suffered severe optic nerve damage from
18 glaucoma and as a result has marked constriction of his peripheral
19 vision in both eyes. (see enclosed visual field tests) In spite of multiple
20 surgeries in both eyes Mr. Smirnov's intraocular pressure is under poor
21 control, even with maximal tolerated medical therapy. Therefore, Mr.
22 Smirnov requires additional glaucoma surgery to lower his intraocular
23 pressure and prevent irreversible blindness from glaucoma....

24 Mr. Smirnov will require weekly post-operative visits after his surgery
25 to monitor his healing and manage any potential post-operative
26 complications. These postoperative visits should be performed by a
27 fellowship-trained glaucoma specialist such as myself in a properly
28 equipped ophthalmic outpatient clinic.

 In addition, Mr. Smirnov requires daily application of glaucoma
 eyedrop medication to control his intraocular pressure until he
 undergoes his surgery on March 27. He will also require daily

1 application of post-operative eyedrop medications to prevent infection
2 and encourage proper healing of his operated eye.

3 *See* Exhibit A.

4 **B. STATEMENT OF LAW**

5
6 18 U.S.C. § 3142(i) provides that this Court (as “judicial officer”) “may, by
7 subsequent order, permit the temporary release of the person, in the custody of a
8 United States marshal or another appropriate person, to the extent that the judicial
9 officer determines such release to be necessary for . . . *another compelling reason.*”

10
11 18 U.S.C.A. § 3142(i) (emphasis added).

12
13 Mr. Smirnov’s medical condition is “compelling” and thus warrants
14 temporary release on a medical furlough for 30 days. First, he cannot receive the
15 needed surgery for his eye condition in the facility where he’s currently housed; in
16 fact, that facility does not have a surgical theatre. Second, his eye condition is
17 causing him pain today: he is not simply “worried” that his eyes “might” worsen at
18 some indeterminate point in the future. Third, he will gladly consent to the
19 imposition of any other reasonable conditions of temporary release while on medical
20 furlough. And fourth, he was fully compliant with his prior conditions of release
21 during the short, two-day period after his release but prior to his second arrest.

22
23 *Compare United States v. Parton*, No. 321CR107KACJEM1, 2023 WL 2957803, at

24
25 *1 (E.D. Tenn. Apr. 14, 2023) (unpublished) (unlike Mr. Smirnov’s case, 1) “staff
26 at [the convicted Parton’s] detention facility have provided him proper medical care
27
28

1 and assistance;" 2) Parton "speculatively" worried about "potentially getting an
2 infection" while awaiting sentencing in custody; and 3) Parton's "prior conduct
3 while on pretrial release in this case continues to demonstrate that he poses a serious
4 flight risk and 'danger to the safety of any other person or the community').
5

6 Here, it is respectfully submitted that it would be objectively unreasonable for
7 the government to oppose and restrict the requested, "compelling" medical
8 procedures and treatment for Defendant.
9

10 In addition, it should be noted that the Eighth Amendment to the United States
11 Constitution prohibits "cruel and unusual punishments...." Moreover, substantive
12 due process requires the government to provide medical care to persons who are
13 injured while in custody. *City of Revere v. Mass. Gen. Hosp.*, 463 U.S. 239, 244
14 (1983). The Supreme Court's decision in *Kingsley v. Hendrickson*, 576 U.S. 389
15 (2015) changed the landscape for claims by pre-trial detainees. *Kingsley* recognized
16 that the Fourteenth Amendment (and by extension, the Fifth) provides a different
17 constitutional standard than the Eighth Amendment for non-prisoner excessive force
18 claims; while the Eighth Amendment prohibits only cruel and unusual punishment,
19 "pretrial detainees (unlike convicted prisoners) cannot be punished at all." *Id.* at
20 400. The *Kingsley* Court therefore held that, under the Due Process clauses, a
21 government official need not be subjectively aware that their actions are
22 unreasonable; an aggrieved individual need only show that the government's
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1 conduct was objectively unreasonable under the circumstances. *See id.* at 391-92.
2 Since it was decided, the Ninth Circuit Court of Appeals has held that medical-care
3 claims brought by pretrial detainees under the Fourteenth Amendment are subject to
4 the objective unreasonableness inquiry. *Gordon v. Cnty. of Orange*, 888 F.3d 1118,
5 1120, 1122-25 (9th Cir. 2018) (medical-need claim).
6

7
8 **C. ALTERNATIVE RELIEF**

9 As described in footnote number 1, the USMS has a procedure for an inmate
10 to request treatment through the USMS. That procedure entails multiple levels of
11 review and ultimately may, or may not, result in Defendant receiving the needed
12 surgery. However, if the surgery were to take place, it would not be done by Doctor
13 Tanaka. Dr. Tanaka has been the Defendant's treatment provider, has excellent
14 credentials, and is the most familiar with the Defendant's treatment needs.
15

16
17 Accordingly, notwithstanding the USMS policy described in footnote 1, if this
18 Honorable Court does not grant the medical furlough request it is respectfully
19 requested that this Honorable Court enter an Order directing the USMS to transport
20 Defendant for surgery to take place on March 27, 2024, at 7:00am with Dr. Tanaka
21 as well as for all post-operative appointments.
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1 **D. CONCLUSION**

2 Defendant respectfully requests that this Honorable Court grant this
3
4 Emergency *Ex Parte* Motion for Medical Furlough for the Next 30 Days pursuant
5 to 18 U.S.C. § 3142(i). Specifically, Defendant should be released from custody
6 and permitted to be able to travel to San Francisco, California, for eye surgery on
7
8 March 27, 2024, with Dr. Tanaka and to attend all medically required post-
9 operative care through April 26, 2024.

10 DATED this 11th day of March, 2024.

11
12 Respectfully Submitted:

13 CHESNOFF & SCHONFELD

14
15 /s/ David Z. Chesnoff

16 DAVID Z. CHESNOFF, ESQ.

17 *Pro Hac Vice*

18 RICHARD A. SCHONFELD, ESQ.

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21 Las Vegas, Nevada 89101

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25 Attorneys for Defendant

26 ALEXANDER SMIRNOV
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14 Sean F Mulryne
15 Office of the Special Counsel - Weiss
16 950 Pennsylvania Avenue NW, Room B-200
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19 Email: sfm@usdoj.gov

20 I declare under penalty of perjury under the laws of the United States of
21 America that the foregoing is true and correct.

22 Executed on this 11th day of March, 2024.

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DAVID Z. CHESNOFF

CERTIFICATE OF SERVICE

I hereby certify that on this 11th day of March, 2024, I caused the forgoing document to be filed electronically with the Clerk of the Court through the CM/ECF system for filing; and served on counsel of record via the Court's CM/ECF system.

/s/ Camie Linnell

Employee of Chesnoff & Schonfeld

EXHIBIT A

Letter from H. George Tanaka, MD

AA000429



To whom it may concern:

This letter is to certify that Mr. Alexander Smirnov is under my care for the treatment of glaucoma. Mr. Smirnov is a 43-year-old gentleman with a history of advanced open angle glaucoma in both eyes. Mr. Smirnov has undergone several surgeries to treat his glaucoma and prevent blindness; however, his intraocular pressure continues to be poorly controlled despite maximal tolerated medical therapy. Mr. Smirnov has suffered severe optic nerve damage from glaucoma and as a result has marked constriction of his peripheral vision in both eyes. (see enclosed visual field tests) In spite of multiple surgeries in both eyes Mr. Smirnov's intraocular pressure is under poor control, even with maximal tolerated medical therapy. Therefore, Mr. Smirnov requires additional glaucoma surgery to lower his intraocular pressure and prevent irreversible blindness from glaucoma.

I have scheduled Mr. Smirnov to have glaucoma surgery in his right eye on March 27, 2024, at Eye Surgery Center of San Francisco, San Francisco, California, located at 1160 Post Street, San Francisco, California. The surgery will be performed at 7:00 AM and he will be required to report to this facility at 6:00 AM for pre-operative registration and preparation. This surgery is an outpatient procedure done under local anesthesia and does not require an overnight hospital stay. As this surgery entails some risks, (surgical failure, infection, bleeding, need for re-operation, loss of vision) Mr. Smirnov will require weekly post-operative visits after his surgery to monitor his healing and manage any potential post-operative complications. These postoperative visits should be performed by a fellowship-trained glaucoma specialist such as myself in a properly equipped ophthalmic outpatient clinic.

In addition, Mr. Smirnov requires daily application of glaucoma eyedrop medication to control his intraocular pressure until he undergoes his surgery on March 27. He will also require daily application of post-operative eyedrop medications to prevent infection and encourage proper healing of his operated eye.

I hope this information is useful to you in allowing the necessary arrangements for Mr. Smirnov to have his medically indicated glaucoma surgery on March 27, 2024, in San Francisco. Please contact me if you have any questions regarding this surgery or Mr. Smirnov's glaucoma condition.

Sincerely,

A handwritten signature in black ink, appearing to read "H. George Tanaka".

H. George Tanaka, M.D.



Co-Director, Glaucoma Service
Department of Ophthalmology
California Pacific Medical Center
San Francisco, California

EXHIBIT B

CURRICULUM VITAE H. George Tanaka, MD

AA000431

CURRICULUM VITAE

H. George Tanaka, MD

OFFICE ADDRESSES:

711 Van Ness Avenue, Suite 330
San Francisco, California 94102
Phone (415) 771-4020

491 30th Street, Suite 103
Oakland, California 94609
Phone (510) 763-9775

EDUCATION AND TRAINING

2022	Physician CEO Program Kellogg School of Management Northwestern University Evanston, Illinois
1997 - 1998	Northwestern University - Fellow Glaucoma Service, Department of Ophthalmology Chicago, Illinois
1993 - 1996	California Pacific Medical Center - Resident Department of Ophthalmology San Francisco, California
1992 - 1993	Harvard Medical School - Intern Mount Auburn Hospital Department of Medicine Cambridge, Massachusetts
1986 - 1992	Harvard Medical School Boston, Massachusetts M.D., Harvard Medical School - Massachusetts Institute of Technology Division of Health Sciences and Technology Thesis: "Phosphorus-31 nuclear magnetic resonance spectroscopy of mannose metabolism in the diabetic rat lens"
1982 - 1986	Princeton University Princeton, New Jersey Bachelor of Science in Engineering Electrical Engineering and Computer Science Thesis: "A Microprocessor-based Distance Estimation System for the Blind"

AA000432

EMPLOYMENT

1/2024 – present TanakaVision™, San Francisco, California.
Concierge glaucoma practice.

8/2004 - present H. George Tanaka, MD, A Professional Corporation
San Francisco, California and Oakland, California.
Glaucoma consultation and anterior segment surgery.

5/2019 - 8/2020 Vold Vision, LLC
Fayetteville, Arkansas and Bentonville, Arkansas
Glaucoma consultation and anterior segment surgery.

8/1998 - 8/2004 Pacific Eye Associates, San Francisco, California.
Glaucoma consultation and anterior segment surgery.

LICENSURE

1994 - present Medical Board of California
2018 - 2020 Arkansas State Medical Board

CERTIFICATION

1999 American Board of Ophthalmology
2007 Re-certification, American Board of Ophthalmology
2019 Re-certification, American Board of Ophthalmology

FACULTY APPOINTMENTS

2018 - present Co-Director, Glaucoma Service, California Pacific Medical Center
San Francisco, California

1998 - present Clinical Faculty, California Pacific Medical Center
San Francisco, California

HOSPITAL AND STAFF PRIVELEGES

California Pacific Medical Center, San Francisco, California
Alta Bates Medical Center, Berkeley, California

AMBULATORY SURGERY CENTER PRIVELEGES

Eye Surgery Center of San Francisco, San Francisco, California
Pacific Vision Surgery Center, San Francisco, California
EyeMD Laser and Surgery Center, Oakland, California

HONORS AND AWARDS

2017 American Academy of Ophthalmology
Achievement Award

2017 Clinical Faculty Teaching Award
California Pacific Medical Center

2014 Clinical Faculty Teaching Award
California Pacific Medical Center

2008	Clinical Faculty Teaching Award California Pacific Medical Center
2002	Clinical Faculty Teaching Award California Pacific Medical Center
1999	Clinical Faculty Teaching Award California Pacific Medical Center
1995	Erdbrink Resident Research Award California Pacific Medical Center
1989	Fight for Sight Student Fellowship Award National Society to Prevent Blindness
1986	Graduation with High Honors, Princeton University
1985	Tau Beta Pi National Engineering Society, Princeton University

PROFESSIONAL ORGANIZATIONS

Associate Examiner, American Board of Ophthalmology
Active Member, American Glaucoma Society
Fellow, American Academy of Ophthalmology

PRIOR COMMITTEE APPOINTMENTS

1989	Young Ophthalmologists Committee, American Academy of Ophthalmology
1990	Information Technology Task Force, American Academy of Ophthalmology
2018 - present	Eye Services Committee, Hospital de la Familia Foundation Board

TEACHING EXPERIENCE

2020 - present	Co-Director, Glaucoma Service, California Pacific Medical Center
1998 - present	Clinical Faculty, California Pacific Medical Center
2001 - 2018	Clinical Faculty, Alameda County Medical Center

RESEARCH EXPERIENCE

1988 - 1990	Research Assistant, Howe Laboratory of Ophthalmology, Massachusetts Eye and Ear Infirmary, Boston, Massachusetts
1990	Research Assistant, Department of Ophthalmology, Kanazawa Medical University, Kanazawa, Japan

PUBLICATIONS

1. Cheng HM, Kwong KK, Dixon S, Tanaka G, Xiong J, Moore G, Chessler DA: Water movement in the rabbit eye. *Experimental Eye Research* 52(3): 337-9, 1991.
2. Aguayo J, Tanaka G, Chang C, Asterlin A, Cheng HM: Analysis of concurrent glucose consumption by the hexose monophosphate shunt, glycolysis, and the polyol pathway in the crystalline lens. *Experimental Eye Research* 53(3): 363-6, 1991.
3. Cheng HM, Cheng FY, Tanaka GH, Xiong J, Pfeleiderer B: Manipulating rat lens glucose metabolism with exogenous substrates. *Experimental Eye Research* 61(4): 479-86, 1995.
4. Tanaka GH: What we have learned from the optic neuritis treatment trial [Letter]. *Ophthalmology* 103(3):346-7, 1996.
5. Tanaka GH: Corneal pachymetry: a prerequisite for applanation tonometry? [Letter] *Archives of Ophthalmology* 116:544-5, 1998.
6. Tanaka GH, Ruderman J: Combined phacoemulsification and trabeculectomy versus phacoemulsification alone in patients with well-controlled glaucoma. *Investigative Ophthalmology and Visual Science* (suppl.), 1998
7. Tanaka GH, Rosenberg LF: Review of *Textbook of Glaucoma* by M. Bruce Shields, in *Multimedia Reviews, Survey of Ophthalmology* 43(3):285-6, 1998.
8. Pekmezci M, Vo B, Lim AK, Hirabayashi DR, Tanaka GH, Weinreb RN, Lin SC: The characteristics of glaucoma in Japanese Americans. *Arch Ophthalmol* 127(2):167-71, 2009.
9. DeNiro E and Tanaka HG: Trabeculectomy with mitomycin for open-angle glaucoma in phakic versus pseudophakic eyes after clear corneal phacoemulsification. Poster presentation at 2014 American Glaucoma Society Annual Meeting, Washington DC.
10. Tanaka HG: Chronic angle closure: Surgical decisions – Considering LPI or lens extraction in terms of identifying who should be treated and how. *Ophthalmology Times* 39(17):1,11-12 September 15, 2014.
11. Sy A and Tanaka HG: Supra-Tenon capsule placement of Baerveldt glaucoma implant. Poster presentation at 2015 American Glaucoma Society Annual Meeting, Coronado, California.
12. Tanaka HG: Refractory acute angle-closure glaucoma with retinal ischemia. (Consultation section) *J Cataract Refract Surg.* 2016 Jan;42(1):177-8
13. Huang D and Tanaka HG: Supra-Tenons placement of a Baerveldt glaucoma drainage device in eyes with a previous Infra-Tenons glaucoma drainage device. Poster presentation at 2016 American Glaucoma Society Annual Meeting, Ft. Lauderdale, Florida.
14. Tanaka HG: Managing an unstable subluxated intraocular lens with uncontrolled intraocular pressure and progressing glaucoma. (Consultation section) *J Cataract Refract Surg.* 2016 Jul;42(7):1103-4
15. Tanaka HG: Two-year outcomes of Supra-Tenons placement of Baerveldt glaucoma drainage devices. Poster presentation at 2017 American Glaucoma Society Annual Meeting, Coronado, California.

16. Tanaka HG: The Asymptomatic PAC Suspect: LPI or No LPI? Review of Ophthalmology 2018 Sep;44-52
17. Varma DK, Blleden LS, Durr GM, Tanaka HG: Small Eye, Big Pressure. Glaucoma Today. 2020 Jan-Feb;19-22
18. Bachrach J, Blleden LS, Chaya C, Conner I, Sarkisian SR, Seibold LK, Tanaka HG: What Does Interventional Glaucoma Mean to You? Glaucoma Today. 2020 Jan-Feb;40-43
19. Tanaka HG: Stand-alone surgery for mild to moderate glaucoma and ocular surface disease. (Consultation section) J Cataract Refract Surg. 2020 Jun;46(6):924-925
20. Radhakrishnan S, Wan J, Tran B, Thai A, Hernandez-Siman J, Chen K, Nguyen N, Pickering T, Tanaka HG, Lieberman M, Wong W, Iwach AG: Micropulse Cyclophotocoagulation: a Multicenter Study of Efficacy, Safety, and Factors Associated With Increased Risk of Complications. J Glaucoma. 2020 Dec; 29(12):1126-1131.
21. Tanaka HG: Co-Managing Patients with Glaucoma: Strategies for Success. Cataract and Refractive Surgery Today. 2020 Nov/Dec;40-48
22. Kolomeyer NN, Kim J, Flynn W, Tanaka G, Simonyi S, Walt J, Vera V, Vold S: Retrospective, Multicenter, 12-Month Evaluation of Ab-externo XEN Gel Stent Placement: Real-world Data From the EXPAND Study Group. ARVO 2021.
23. Bachrach J, Blleden LS, Chaya C, Conner I, Sarkisian SR, Seibold LK, Tanaka HG: Second Takes. When and how to proceed when further intervention is required: Second Opinion, Limited Options. Glaucoma Today. 2021 Nov-Dec;50-51

BOOKS AND BOOK CHAPTERS

1. Stamper RL, Tanaka GH: Intraocular pressure: measurement, regulation, and flow relationships in *Duane's Foundations of Clinical Ophthalmology*, Vol. 1, Philadelphia, J.B. Lippincott, 1998.
2. Tanaka HG and Lin S: Digital Imaging of the Optic Nerve in *The Glaucoma Book*, New York, Springer Science Business Media, 2013.
3. Tanaka HG, Bacharach JB. Acute Angle Closure Glaucoma in *Decision Making in Ophthalmology*, First Edition. Philadelphia, Elsevier, 2023. (in press)

ORAL PRESENTATIONS / INVITED LECTURES – SCIENTIFIC MEETINGS

1. C-13 NMR spectroscopy of corneal endothelial bicarbonate transport. 1989 Association for Research in Vision and Ophthalmology Annual Meeting, Sarasota, Florida.
2. Enhancement of corneal hexose monophosphate shunt activity by epidermal growth factor demonstrated by deuterium NMR spectroscopy. 1991 Association for Research in Vision and Ophthalmology Annual Meeting, Sarasota, Florida.
3. Evaluating Practice Opportunities. Young Ophthalmologists Symposium, 1998 American Academy of Ophthalmology Annual Meeting, New Orleans, Louisiana.
4. Pitfalls in Finding a First Job. Breakfast with the Experts Roundtable Program, 1999 American Academy of Ophthalmology Annual Meeting, Orlando, Florida.

5. Transitioning into a New Practice. Young Ophthalmologists Symposium, 1999 American Academy of Ophthalmology Annual Meeting, Orlando, Florida.
6. Buy Ins and Valuations: What's a Practice Worth? Young Ophthalmologists Symposium, 2000 American Academy of Ophthalmology Annual Meeting, Dallas, Texas.
7. Is Scanning Laser Imaging of the Optic Disc a Substitute for Stereo Disc Photography? Glaucoma Subspecialty Day: "Trials and Tribulations", American Academy of Ophthalmology Annual Meeting, November 15, 2003, Anaheim, California.
8. Re-evaluating Patient-Centered Glaucoma Surgery: Trabeculectomy. Glaucoma Day, American Society of Cataract and Refractive Surgery. April 19, 2013. San Francisco, California.
9. Surgical Management of Chronic Angle Closure: When Should I Perform Lens Extraction Alone? American Glaucoma Society 24th Annual Meeting Surgery Day. February 27, 2014. Washington DC.
10. Surgical Management of Chronic Angle Closure: When Should I Perform Lens Extraction Alone? Glaucoma Day, American Society of Cataract and Refractive Surgery. April 25, 2014. Boston, MA.
11. Can Cataract Extraction Be Performed as a Primary Glaucoma Procedure for PACG? Symposium: Controversies in Cataract and Glaucoma, American Society of Cataract and Refractive Surgery. April 19, 2015. San Diego, California.
12. My No Erosion Tube Entry. Surgical Faceoff: Let Me Show You How To Do It Better. American Glaucoma Society 26th Annual Meeting Surgery Day. March 3, 2016. Fort Lauderdale, Florida.
13. Tube Shunt Patch Grafts: Do We Need Them? Surgical Glaucoma Spotlight: The Brave New World of Cost-Effective Glaucoma Surgery. Glaucoma Day, American Society of Cataract and Refractive Surgery. May 6, 2016. New Orleans, Louisiana.
14. Repair of a bleb leak using an internal autologous Tenons graft. Glaucoma Day, American Society of Cataract and Refractive Surgery. May 6, 2016. New Orleans, Louisiana.
15. Supra-Tenons placement of Baerveldt glaucoma drainage devices. Implantation of Glaucoma Drainage Devices Skills Transfer Course. American Academy of Ophthalmology Annual Meeting. October 16, 2016. Chicago, Illinois.
16. Clinical outcomes of supra- versus infra-Tenons placement of non-valved glaucoma drainage devices. American Society of Cataract and Refractive Surgeons. May 8, 2017. Los Angeles, California.
17. Supra-Tenons placement of Baerveldt glaucoma drainage devices. Implantation of Glaucoma Drainage Devices Skills Transfer Course. American Academy of Ophthalmology Annual Meeting. November 13, 2017. New Orleans, Louisiana.
18. Does my asymptomatic patient with PACS need an LPI? Controversies in Glaucoma Symposium. American Glaucoma Society 28th Annual Meeting. March 3, 2018. New York, New York.
19. Zen and the Art of XEN Management. Glaucoma Subspecialty Day. American Society of Cataract and Refractive Surgeons. May 3, 2019. San Diego, California.

20. Same Quadrant Supra-Tenons Tube Exchange. Implantation of Glaucoma Drainage Devices Skills Transfer Course. American Academy of Ophthalmology Annual Meeting. November 13, 2021. New Orleans, Louisiana.

21. Bleb Wars: XEN In Surgery Day – Too Many Choices! Which One Is Better?! American Glaucoma Society 32nd Annual Meeting. March 3, 2022. Nashville, Tennessee.

22. Same Quadrant Supra-Tenons Tube Exchange. Implantation of Glaucoma Drainage Devices Skills Transfer Course. American Academy of Ophthalmology Annual Meeting. October 1, 2022. Chicago, Illinois.

23. Your 52-Yo Small Business Owner on Max Meds Has Slowly Progressing NTG? Do You Operate? When? In Symposium: Real World Dilemmas – “The Grey Zone” American Glaucoma Society 33rd Annual Meeting. March 3, 2023. Austin, Texas.

24. Same Quadrant Supra-Tenons Tube Exchange. Implantation of Glaucoma Drainage Devices Skills Transfer Course. American Academy of Ophthalmology Annual Meeting. November 4, 2023. San Francisco, California.

25. Surgery on the Skids – Whats My Next Move? (Moderator) Surgery Day. American Glaucoma Society 34th Annual Meeting. February 29, 2024. Huntington Beach, California.

ORAL PRESENTATIONS / INVITED LECTURES – ACADEMIC INSTITUTIONS

1. Fluorine-19 nuclear magnetic resonance spectroscopy of fluorinated ophthalmic drugs. 1995 Barkan Association Annual Meeting, San Francisco, California.

2. Topographic ERGs in glaucoma and ocular hypertension. 1996 Barkan Association Annual Meeting, San Francisco, California.

3. Corneal thickness in low pressure glaucoma. 1998 Annual Resident/Alumni Research Seminar, Northwestern University Medical School, Department of Ophthalmology, Chicago, Illinois.

4. Intraocular pressure: A new look at an old concept. 1999 Barkan Association Annual Meeting, San Francisco, California.

5. Angle Closure Glaucoma. Stanford University Basic Science Course 2000, Stanford University, California.

6. Angle Closure Glaucoma in Asians. 2001 Barkan Association Annual Meeting, San Francisco, California.

7. Angle Closure Glaucoma. Stanford University Basic Science Course 2001, Stanford University, California.

8. Optic Nerve Imaging in Glaucoma. Resident Lecture Series, Department of Ophthalmology, California Pacific Medical Center, May 10, 2002, San Francisco, California.

9. Negotiating Your First Employment Contract. California Pacific Medical Center Ophthalmology Resident Lecture Series, May 15, 2002, San Francisco, California.
10. Angle Closure Glaucoma and Optic Nerve Imaging in Glaucoma. Stanford University Basic Science Course 2002, Stanford University, California.
11. Angle Closure Glaucoma and Optic Nerve Imaging in Glaucoma. Henry Ford Health Care System Grand Rounds, September 20, 2002. Detroit, Michigan.
12. Angle Closure Glaucoma. Resident Lecture Series, Department of Ophthalmology, California Pacific Medical Center, October 11, 2002, San Francisco, California.
13. Angle Closure Glaucoma and Optic Nerve Imaging in Glaucoma. Stanford University Basic Science Course 2003, Stanford University, California.
14. Optic Nerve Imaging: Physics and Physiology. Stanford University Basic Science Course, July 27, 2004, Stanford University, California.
15. Cornea and Lens-related Glaucoma. Resident Lecture Series, Department of Ophthalmology, California Pacific Medical Center. May 27, 2005, San Francisco, California.
16. Optic Nerve Imaging: Physics and Physiology. Stanford University Basic Science Course, July 25, 2005, Stanford University, California.
17. Overview of the Angle Closure Glaucomas. Resident Lecture Series, Department of Ophthalmology, California Pacific Medical Center. October 27, 2006, San Francisco, California.
18. Optic Nerve Imaging: Physics and Physiology. Bay Area Ophthalmology Course, July 12, 2006, Stanford University, California.
19. Contract Analysis. California Pacific Medical Center Senior Resident Seminar, October 22, 2007, San Francisco, California.
20. Optic Nerve Imaging in Glaucoma. Bay Area Ophthalmology Course, July 14, 2008, Stanford University, California.
21. OCT workshop: Glaucoma. University of California San Francisco Department of Ophthalmology December Course, December 13, 2008, Kabuki Hotel, San Francisco, California.
22. Optic Nerve Imaging in Glaucoma: An Update. Resident Lecture Series, Department of Ophthalmology, University of California San Francisco, April 23, 2009, UCSF Beckman Vision Center, San Francisco, California.
23. Gonioscopy Essentials, Resident Lecture Series, Department of Ophthalmology, California Pacific Medical Center. September 25, 2009, San Francisco, California.
24. Optic Nerve Imaging in Glaucoma. Bay Area Ophthalmology Course, July 12, 2010, Stanford University, California.
25. What's New in Optic Nerve Imaging. Ophthalmology Update. Department of Ophthalmology, University of California San Francisco. December 3, 2010. Fairmont Hotel, San Francisco, California.
26. Optic Nerve Imaging in Glaucoma. Bay Area Ophthalmology Course, July 20, 2011, Stanford University, California.

27. Optic Nerve Imaging in Glaucoma. California Pacific Medical Center, Department of Ophthalmology, Ophthalmic Diagnostic Center. December 3, 2011. San Francisco, California.
28. Aqueous Drainage Devices. Resident Lecture Series, Department of Ophthalmology, California Pacific Medical Center. January 20, 2012. San Francisco, California.
29. Aqueous Drainage Devices. Stanford University School of Medicine, Department of Ophthalmology Resident Lecture Series. February 14, 2012. Stanford, California.
30. OCT in Glaucoma. California Pacific Medical Center, Department of Ophthalmology, Ophthalmic Diagnostic Center. June 2, 2012. San Francisco, California.
31. Optic Nerve Imaging in Glaucoma. Bay Area Ophthalmology Course, July 16, 2012, Stanford University, California.
32. Optic Nerve Imaging in Glaucoma. Bay Area Ophthalmology Course, July 24, 2013, Stanford University, California.
33. Angle closure glaucoma laser and treatment. Resident Lecture Series, Department of Ophthalmology, University of California San Francisco, April 3, 2014. UCSF Beckman Vision Center, San Francisco, California.
34. Aqueous Drainage Devices. Resident Lecture Series, Department of Ophthalmology, California Pacific Medical Center, April 18, 2014. San Francisco, California.
35. Optic Nerve Imaging in Glaucoma. Bay Area Ophthalmology Course, July 23, 2014, Stanford University, California.
36. Cataract Surgery in the Glaucoma Patient. Resident Lecture Series, Department of Ophthalmology, California Pacific Medical Center, January 23, 2015. San Francisco, California.
37. Tube Exposure Following Scleral Flap versus Patch Graft Technique for Glaucoma Surgery. Presented by Rachelle Rebong, MD. 29th Barkan Day Resident Research Symposium, California Pacific Medical Center, Department of Ophthalmology, Pacific Vision Foundation, San Francisco, California. June 13, 2015.
38. Supra-Tenon Capsule Placement of Baerveldt Implant. Presented by Aileen Sy, MD. 29th Barkan Day Resident Research Symposium, California Pacific Medical Center, Department of Ophthalmology, Pacific Vision Foundation, San Francisco, California. June 13, 2015.
39. Supra-Tenons Placement of a Baerveldt Glaucoma Drainage Device in Eyes with Previous Glaucoma Drainage Device Placement. Presented by Derek Huang, MD. 29th Barkan Day Resident Research Symposium, California Pacific Medical Center, Department of Ophthalmology, Pacific Vision Foundation, San Francisco, California. June 13, 2015.
40. New Concepts in Angle Closure Glaucoma. Resident Lecture Series, Department of Ophthalmology, California Pacific Medical Center, August 28, 2015. San Francisco, California.
41. Patients' and health professionals' perceptions of the ophthalmic patient experience: motives, barriers and expectations. (Discussion) Presented by Derek Huang, MD. 30th Barkan Day Resident Research Symposium, California Pacific Medical Center, Department of Ophthalmology, Pacific Vision Foundation, San Francisco, California. June 11, 2016.
42. What's new in glaucoma surgery: Minimally Invasive Glaucoma Surgery (MIGS). California Pacific Medical Center Department of Ophthalmology Glaucoma Grand Rounds. May 15, 2017. San Francisco, California.

43. MIGS-Mania: We need a better glaucoma surgery – are we there yet? Resident Lecture Series, Department of Ophthalmology, California Pacific Medical Center. January 18, 2019. San Francisco, California.

44. LIGHT, ZAP, PTVT: Recent clinical trials in glaucoma. Resident Lecture Series, Department of Ophthalmology, California Pacific Medical Center, April 1, 2019. San Francisco, California.

45. Which MIGS for Which Patient? UCSF Glaucoma Update 2019 in the Sonoma Wine Country, Department of Ophthalmology, University of San Francisco School of Medicine. September 14, 2019. Rohnert Park, California.

ORAL PRESENTATIONS / INVITED LECTURES – PROFESSIONAL SOCIETIES

1. Pigment dispersion and pigmentary glaucoma. 1997 Glaucoma Update, Concord Hilton Hotel, Concord, California.

2. A Walking Tour of Glaucoma in San Francisco. 1999 San Francisco County Optometric Society Meeting, San Francisco, California.

3. Glaucoma Essentials for the Primary Care Physician. St. Francis Hospital Noon Conference, November 21, 2000, San Francisco, California.

4. Optic Nerve Imaging in Glaucoma. San Francisco County Optometric Society Meeting, February 26, 2002, San Francisco, California.

5. Optic Nerve Imaging in Glaucoma. Ophthalmic Photographers Society Meeting, August 2, 2002, San Francisco, California.

6. Glaucoma Case Presentations and Discussion. San Francisco County Optometric Society Meeting, January 29, 2003, San Francisco, California.

7. Optic Nerve Imaging in Glaucoma. 7TH Annual Glaucoma Research and Education Group Symposium, February 8, 2003, San Francisco, California.

8. Optic Nerve Imaging in Glaucoma and Challenging Glaucoma Cases. San Mateo County Optometric Society Meeting, February 25, 2003, San Mateo, California.

9. Pachymetry in Glaucoma Management. Second Annual Basics by the Bay Current Concepts in Ophthalmology for Ophthalmic Medical Personnel, December 12, 2003, San Francisco, California.

10. Overview of the Angle Closure Glaucomas. 15TH Annual Berkeley Practicum, University of California Berkeley School of Optometry, January 11, 2004, Berkeley, California.

11. Optic Nerve Imaging in Glaucoma. 8TH Annual Glaucoma Research and Education Group Symposium, February 7, 2004, San Francisco, California.

12. Overview of the Angle Closure Glaucomas. University of California Berkeley School of Optometry, April 2, 2004, Berkeley, California.

13. Optic Nerve Imaging in Glaucoma Update and Case Presentations. San Francisco County Optometric Society Meeting, April 21, 2003, San Francisco, California.

14. Optic Nerve Imaging in Glaucoma. Ocular Symposium, June 6, 2004, San Francisco, California.
15. Optic Nerve Imaging: Pearls and Pitfalls. East Bay Ophthalmologic Society, August 19, 2004, Lafayette, California.
16. Optic Nerve Imaging in Glaucoma. Third Annual Basics by the Bay Current Concepts in Ophthalmology for Ophthalmic Medical Personnel, December 4, 2004, San Francisco, California.
17. Optic Nerve Imaging in Glaucoma Update. 9TH Annual Glaucoma Research and Education Group Symposium, February 5, 2005, San Francisco, California.
18. Optic Nerve Imaging in Glaucoma. Ocular Symposium, June 5, 2005, San Francisco, California.
19. Interpretation of OCT in the Management of Glaucoma. East Bay Ophthalmologic Society, December 13, 2005, Walnut Creek, California.
20. Imaging Devices: Handling Conflicting Data. 10TH Annual Glaucoma Research and Education Group Symposium, February 11, 2006, San Francisco, California.
21. Update on Optic Nerve Imaging: This is Glaucoma – True or False? 18TH Annual Berkeley Practicum, University of California Berkeley School of Optometry, January 7, 2007, Berkeley, California.
22. Imaging Devices: Handling Conflicting Data. 11TH Annual Glaucoma Research and Education Group Symposium, February 3, 2007, San Francisco, California.
23. Optic Nerve Imaging in Glaucoma: An Update. 12TH Annual Glaucoma Research and Education Group Symposium, February 9, 2008, San Francisco, California. Also on Audio Digest Ophthalmology Vol. 46, Issue 09, Track 1.
24. New Optic Nerve Imaging Technology in Glaucoma. Ocular Symposium: Pearls in Ocular Diagnosis, June 8, 2008, San Francisco, California.
25. Angle closure glaucoma mechanisms: A simplified approach. Alameda and Contra Costa County Optometric Society, June 17, 2008, Berkeley, California.
26. Asian Angle Closure Glaucoma. 14TH Annual Glaucoma Research and Education Group Symposium, February 7, 2009, San Francisco, California. Also on Audio Digest Ophthalmology Vol. 47, Issue 09, Track 2.
27. New Concepts in Asian Angle Closure. Ocular Symposium, Pearls in Ocular Diagnosis. June 7, 2009, San Francisco, California. Also on Audio Digest Ophthalmology Vol. 47, Issue 09, Track 2.
28. Optic Nerve Imaging in Glaucoma (OCT): JCAHPO/ATOP 2009 Annual Meeting, October 23, 2009, San Francisco, California.
29. Angle Closure Glaucoma: New Approaches and Insights. San Francisco Optometric Society, September 28, 2010. San Francisco, California.
30. Case Presentations in Glaucoma. Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO) Annual Continuing Education Program. October 18, 2010. Chicago, Illinois.

31. What's New in Glaucoma Surgery. Alameda Contra Costa County Optometric Society. April 10, 2012. Walnut Creek, California.
32. What's New in Glaucoma Surgery. University of California School of Optometry 24th Annual Berkeley Practicum. January 13, 2013. Berkeley, California.
33. What's New in Glaucoma Surgery? Technician and Nurses Program. Joint Commission on Allied Health Personnel in Ophthalmology. April 21, 2013. San Francisco, California.
34. What's New in Glaucoma Surgery? Ocular Symposium. June 7, 2013. San Francisco, California.
35. What's New in Glaucoma Surgery? Ocular Symposium. May 31, 2014. San Francisco, California.
36. What's New in Glaucoma Surgery? 13th Annual Current Clinical Concepts in Ophthalmology, California Pacific Medical Center, Ophthalmic Diagnostic Center. November 1, 2014. San Francisco, California.
37. What's New in Glaucoma Surgery? San Francisco Optometric Society. November 5, 2014. San Francisco, California.
38. What's New in Glaucoma Surgery? Milwaukee Ophthalmological Society. April 16, 2015. Milwaukee, Wisconsin.
39. New Concepts in Angle Closure Glaucoma. 4th Annual Vold Vision Innovation and Education Fall Symposium. September 18, 2015. Fayetteville, Arkansas.
40. Optic Nerve Imaging in Glaucoma. 4th Annual Vold Vision Innovation and Education Fall Symposium. September 18, 2015. Fayetteville, Arkansas.
41. The Tube Talk: Everything You've Always Wanted to Know About Glaucoma Drainage Devices. Joint Commission on Allied Health Personnel in Ophthalmology 43rd Annual Continuing Education Program. November 16, 2015. Las Vegas, Nevada.
42. The Tube Talk: Everything You've Always Wanted to Know About Glaucoma Drainage Devices. Joint Commission on Allied Health Personnel in Ophthalmology 44th Annual Continuing Education Program. October 15, 2016. Chicago, Illinois.
43. Can Cataract Surgery Be Performed as a Primary Procedure for Angle Closure? Glaucoma Subspecialty Session. Joint Commission on Allied Health Personnel in Ophthalmology 44th Annual Continuing Education Program. October 16, 2016. Chicago, Illinois.
44. Can Cataract Extraction Be Performed as a Primary Glaucoma Procedure for PACG? San Francisco County Optometric Society Meeting. October 25, 2016. San Francisco, California.
45. The Tube Talk: Everything You've Always Wanted to Know About Glaucoma Drainage Devices. Joint Commission on Allied Health Personnel in Ophthalmology Continuing Education Program. August 5, 2017. San Francisco, California.
46. The Tube Talk: Everything You've Always Wanted to Know About Glaucoma Drainage Devices. Joint Commission on Allied Health Personnel in Ophthalmology 45th Annual Continuing Education Program. November 11, 2017. New Orleans, Louisiana.

47. What's new in glaucoma surgery: Minimally Invasive Glaucoma Surgery (MIGS). InVision Optometric Symposium. January 28, 2018. San Francisco, California.

48. Is Laser Iridotomy Dead? New Insights in Angle Closure. Vold Vision Spring Symposium. May 10, 2019. Fayetteville, Arkansas.

49. Which MIGS for Which Patient? Western Arkansas Vision Education Foundation. September 19, 2019. Fort Smith, Arkansas.

50. Initial Glaucoma Surgery: Who's on First? Western Arkansas Vision Education Foundation. September 19, 2019. Fort Smith, Arkansas.

51. Everything You Wanted To Know About Tubes. Vold Vision Fall Symposium. September 20, 2019. Bentonville, Arkansas.

52. MIGS Interactive Case Presentation. First Interventional Glaucoma Congress. October 5, 2019. New York, New York.

53. Everything You Wanted To Know About Tubes. Vold Vision Fall Symposium. September 20, 2019. Bentonville, Arkansas.

54. Canal Wars: A MIGS Update. Georgia Society of Ophthalmology Annual Meeting. July 16, 2022. Sea Island, Georgia.

55. Bleb Wars: A MIBS Update. Georgia Society of Ophthalmology Annual Meeting. July 17, 2022. Sea Island, Georgia.

56. Canal Wars and Bleb Wars: A MIGS/MIBS Update. New Mexico Academy of Ophthalmology Annual Meeting. September 10, 2022. Albuquerque, New Mexico.

ORAL PRESENTATIONS / INVITED LECTURES – INTERNATIONAL MEETINGS

1. New Concepts in Angle Closure Glaucoma. Glaucoma Symposium: Innovations in medical diagnosis and treatment. 37th National and International Congress of the Colombian Society of Ophthalmology. August 24, 2016. Cartagena, Colombia.

2. Can cataract surgery be performed as a primary procedure in angle closure glaucoma? Glaucoma Symposium: Innovations in medical diagnosis and treatment. 37th National and International Congress of the Colombian Society of Ophthalmology. August 24, 2016. Cartagena, Colombia.

3. Rethinking tube shunts – New surgical concepts. Glaucoma Course: Surgical decisions and difficult cases. 37th National and International Congress of the Colombian Society of Ophthalmology. August 24, 2016. Cartagena, Colombia.

4. Tube exchange – One tube is better than two. Glaucoma Course: Surgical decisions and difficult cases. 37th National and International Congress of the Colombian Society of Ophthalmology. August 24, 2016. Cartagena, Colombia.

5. Surgical management of bleb leaks. Glaucoma Symposium: New horizons in glaucoma. 37th National and International Congress of the Colombian Society of Ophthalmology. August 25, 2016. Cartagena, Colombia.

6. What I am doing differently now in glaucoma surgery. Glaucoma Symposium: New horizons in glaucoma. 37th National and International Congress of the Colombian Society of Ophthalmology. August 25, 2016. Cartagena, Colombia.

7. Surgical management of bleb leaks. Surgical challenges. 8th Annual Central American and Caribbean Glaucoma Congress. March 16, 2017. Panama City, Panama.

8. Ab Interno Canaloplasty. Minimally Invasive Glaucoma Surgery Conference. 8th Annual Central American and Caribbean Glaucoma Congress. March 17, 2017. Panama City, Panama.

9. New Concepts in Angle Closure Glaucoma. Angle Closure. 8th Annual Central American and Caribbean Glaucoma Congress. March 17, 2017. Panama City, Panama.

10. Can cataract surgery be performed as a primary procedure in angle closure glaucoma? Angle Closure. 8th Annual Central American and Caribbean Glaucoma Congress. March 17, 2017. Panama City, Panama.

11. Rethinking tube shunts – New surgical concepts. Drainage Implants. 8th Annual Central American and Caribbean Glaucoma Congress. March 17, 2017. Panama City, Panama.

12. Tube exchange – One tube is better than two. Drainage Implants. 8th Annual Central American and Caribbean Glaucoma Congress. March 17, 2017. Panama City, Panama.

13. Ab interno canaloplasty. Ellex. Asia-Pacific Association of Cataract and Refractive Surgeons. May 31, 2017. Hangzhou, China.

14. Laser Floater Removal. Ellex. Asia-Pacific Association of Cataract and Refractive Surgeons. May 31, 2017. Hangzhou, China.

ORAL PRESENTATIONS / INVITED LECTURES – COMMUNITY ORGANIZATIONS

1. Problems in the Aging Eye. Nikkei Seniors Group, May 14, 2004, San Francisco, California.

2. Angle Closure Glaucoma in the Asian Eye: Mechanisms. January 23, 2008, San Francisco, California.

3. Vision Problems in Older Eyes. San Francisco Public Library. June 7, 2018. San Francisco, California.

ORAL PRESENTATIONS / INVITED LECTURES – INDUSTRY-SPONSORED MEETINGS

1. Controversies in Glaucoma. Alcon. October 8, 2003, Woodside, California.

2. Cataract Surgery in the Glaucoma Patient. Alcon. Innovations in Cataract Surgery, September 17, 2005, Oakland, California.

3. Case Studies in Glaucoma. Pfizer. October 10, 2007, Santa Rosa, California.

4. Epidemiology, classification, mechanisms, and treatment of angle closure glaucoma in Asians. Pfizer. June 19, 2008, Honolulu, Hawaii.

5. Asian Angle Closure Glaucoma: New Insights. Med EDirect. (Alcon) May 6, 2009, Santa Rosa, California.

6. Case Studies in Glaucoma. Pfizer. August 18, 2010. San Jose, California.

7. Perspectives in the Management of Elevated Intraocular Pressure. Merck. March 27, 2012. San Francisco, California.
8. Canaloplasty: My First 50 Cases. iScience Interventional. April 3, 2012. Oakland, California.
9. Perspectives in the Management of Elevated Intraocular Pressure. Merck. April 25, 2012. Walnut Creek, California.
10. Perspectives in the Management of Elevated Intraocular Pressure. Merck. May 31, 2012, 2012. Eugene, Oregon.
11. IOP Lowering: Options for Starting or Replacing Therapy. Allergan. June 6, 2012. San Francisco, California.
12. Perspectives in the Management of Elevated Intraocular Pressure. Merck. June 14, 2012. Los Gatos, California.
13. A Case-Based Approach to Managing Intraocular Pressure. Merck. August 23, 2012. San Francisco, California.
14. Canaloplasty: My first 75 Cases. Kaiser Permanente. September 7, 2012. Berkeley, California.
15. Intraocular Pressure: Rethinking the role of IOP in the diagnosis and management of open-angle glaucoma. Alcon. September 12, 2012. San Francisco, California.
16. Considerations in the Management of elevated IOP. Allergan. October 4, 2012. Palo Alto, California.
17. Considerations in the Management of elevated IOP. Allergan. October 11, 2012. Reno, NV.
18. A Case-Based Approach to Managing Intraocular Pressure. Merck. October 18, 2012. Seattle, WA.
19. A Case-Based Approach to Managing Intraocular Pressure. Merck. October 25, 2012. Cupertino, California.
20. What's New in Glaucoma Surgery. Senior Training Seminar. Allergan. February 27, 2013. Irvine, California.
21. A Case-Based Approach to Managing Intraocular Pressure. Merck. March 7, 2013. Emeryville, California.
22. A Case-Based Approach to Managing Intraocular Pressure. Merck. April 17, 2013. Capitola, California.
23. A Case-Based Approach to Managing Intraocular Pressure. Merck. April 18, 2013. San Francisco, California.
24. Simbrinza™ Suspension for the Treatment of Elevated Intraocular Pressure. Alcon. June 25, 2013. Oakland, California.
25. Simbrinza™ Suspension for the Treatment of Elevated Intraocular Pressure. Alcon. June 27, 2013. Redwood City, California.

26. FORGE III: Detecting and Managing Glaucoma Progression. Allergan. October 2, 2013. San Francisco, California.

27. FORGE III: Detecting and Managing Glaucoma Progression. Allergan. November 13, 2013. San Mateo, California.

28. Simbrinza™ Suspension for the Treatment of Elevated Intraocular Pressure. Alcon. March 27, 2014. San Francisco, California.

29. Evaluating a Next Step Adjunctive Option. Allergan. June 19, 2014. Palo Alto, California.

30. Simbrinza™ Suspension for the Treatment of Elevated Intraocular Pressure. Alcon. August 13, 2014. San Francisco, California.

31. Treatment Possibilities for the Treatment of Elevated IOP. Alcon. August 13, 2014. San Jose, California.

32. Treatment Possibilities for the Treatment of Elevated IOP. Alcon. September 25, 2014. Palo Alto, California.

33. Treatment Possibilities for the Treatment of Elevated IOP. Alcon. November 6, 2014. Santa Rosa, California.

34. Evaluating a Next Step Adjunctive Option. Allergan. November 19, 2014. San Francisco, California.

35. Smallest human implant could help fight blindness. CNET News Video.
<http://www.cnet.com/videos/smallest-human-implant-could-help-fight-blindness/> January 13, 2015.

36. Cataract Surgery in the Glaucoma Patient. Glaukos. March 12, 2015. Baton Rouge, Louisiana.

37. Building a Strong Treatment Plan in IOP Management. Allergan. April 22, 2015. Palo Alto, California.

38. Tube shunt patch grafts and their alternatives. EyeWorld Magazine Video Update. May 6, 2016. New Orleans, Louisiana.

39. XEN Panel Discussion. Allergan. January 23, 2018. San Diego, California.

40. XEN Regional Dinner. Allergan. February 28, 2018. New York, New York.

41. Vyzulta Clinical Overview. Bausch and Lomb. February 15, 2018. San Francisco, California.

42. Vyzulta Clinical Overview. Bausch and Lomb. March 29, 2018. Honolulu, Hawaii.

43. XEN: A minimally invasive approach to IOP control. Allergan. April 19, 2018. Seattle, Washington.

44. Strategically Utilizing MIGS. Glaukos. May 9, 2018. Woodland Hills, California.

45. Strategically Utilizing MIGS. Glaukos. May 10, 2018. La Jolla, California.

46. VISIONaerie™ Science: Rhopressa. Aerie. July 12, 2018. Monterey, California.
47. Early User Experience with the XEN Gel Stent. Allergan. August 1, 2018. Los Angeles, California.
48. Early User Experience with the XEN Gel Stent. Allergan. September 27, 2018. Los Angeles, California.
49. VISIONaerie™ Science: Rhopressa. Aerie. October 4, 2018. Santa Rosa, California.
50. XEN Panel Discussion. Allergan. October 11, 2018. Dallas, Texas.
51. VISIONaerie™ Science: Rhopressa. Aerie. October 18, 2018. Santa Cruz, California.
52. Vyzulta Clinical Overview. Bausch and Lomb. December 10, 2018. San Francisco, California.
53. VISIONaerie™ Science: Rock Solid Results. Aerie. June 13, 2019. Santa Cruz, California.
54. OMNI™ Surgical System. Sight Sciences. June 27, 2019. Napa, California.
55. VISIONaerie™ Science: Rock Solid Results. Aerie. July 10, 2019. Mesa, Arizona.
56. Early User Experience with the XEN Gel Stent. Allergan. July 11, 2019. Kansas City, Missouri.
57. Early User Experience with the XEN Gel Stent. Allergan. September 10, 2019. Austin, Texas.
58. VISIONaerie™ Science: Rock Solid Results. Aerie. September 17, 2019. Westlake Village, California.
59. Early User Experience with the XEN Gel Stent. Allergan. October 12, 2019. San Francisco, California.
60. VISIONaerie™ Science: Rock Solid Results. Aerie. November 14, 2019. Fayetteville, Arkansas.
61. VISIONaerie™ Science: Rock Solid Results. Aerie. November 25, 2019. Fresno, California.
62. VISIONaerie™ Science: Power and Simplicity of ROCK Inhibition (Webinar). Aerie. October 1, 2020. Oakland, California.
63. Next Level XEN : Pearls for Success. Allergan/Abbvie. May 29, 2021. San Francisco, California.
64. DURYSTA™: The Difference of Intracameral Delivery. Allergan/Abbvie. June 16, 2021. Yountville, California.
65. VISIONaerie™ Science: Managing Glaucoma with Novel Netarsudil. Aerie. June 30, 2021. Oakland, California.

66. DURYSTA™: The Difference of Intracameral Delivery. Allergan/Abbvie. September 13, 2021. Walnut Creek, California.
67. VISIONaerie™ Science: Managing Glaucoma with Novel Netarsudil. Aerie. September 16, 2021. Monterey, California.
68. VISIONaerie™ Science: Managing Glaucoma with Novel Netarsudil. Aerie. September 23, 2021. Cupertino, California.
69. The OMNI Surgical System. SightSciences. October 5, 2021. Ogden, UT.
70. DURYSTA™: The Difference of Intracameral Delivery. Allergan/Abbvie. March 30, 2022. Berkeley, California.
71. DURYSTA® NOW – Innovation for Impact. Allergan/Abbvie. April 19, 2022. Honolulu, Hawaii.
72. DURYSTA® NOW – Innovation for Impact. Allergan/Abbvie. June 1, 2022. Branson, Missouri.
73. DURYSTA® NOW – Innovation for Impact. Allergan/Abbvie. June 6, 2022. Evansville, Indiana.
74. Incorporating XEN® Gel Stent Into Your Practice. Allergan/Abbvie. June 22, 2021. Lone Tree, Colorado.
75. XEN® Gel Stent: Experience-Based Surgical Perspectives. Allergan/Abbvie. October 4, 2021. Eugene, Oregon.
76. XEN® Gel Stent: Experience-Based Surgical Perspectives. Allergan/Abbvie. May 2, 2023. Honolulu, Hawaii.
77. XEN® Gel Stent: Experience-Based Surgical Perspectives. Allergan/Abbvie. May 16, 2023. Lafayette, California.
78. iTrack™ Advance Speaker Forum. Nova Eye Medical. May 7, 2023. San Diego, California.
79. Drops of Knowledge. Alcon. September 6, 2023. Tuscon, Arizona.
80. Drops of Knowledge. Alcon. September 7, 2023. San Francisco, California.
81. Drops of Knowledge. Alcon. September 22, 2023. Spokane, Washington.
82. Drops of Knowledge. (Webcast) Alcon. October 4, 2023. San Jose, California.
83. Discussion Panel: Fostering Innovation Between Physicians and Industry. Interventional Glaucoma Congress. October 7, 2024. Salt Lake City, Utah.
84. DURYSTA® NOW – Innovation for Impact. Allergan/Abbvie. October 25, 2023. Walnut Creek, California.
85. Exploring Evidence for Refractory Glaucoma Patients. Allergan/Abbvie. March 6, 2024. Chico, California.

HUMANITARIAN MISSION TRIPS

Gansu Province, China. June 19-21, 2011

Hospital de la Familia, Nuevo Progreso, Guatemala. August 4-11, 2012 .

Hospital de la Familia, Nuevo Progreso, Guatemala. November 3-10, 2012.

Hospital de la Familia, Nuevo Progreso, Guatemala. May 22-29, 2015.

Laoag City, Ilocos Norte, Philippines. January 19-22, 2016.

Hospital de la Familia, Nuevo Progreso, Guatemala. May 24-31, 2017.

Hospital de la Familia, Nuevo Progreso, Guatemala. May 18-28, 2018.

Hospital de la Familia, Nuevo Progreso, Guatemala. December 16-23, 2018.

Hospital de la Familia, Nuevo Progreso, Guatemala. October 19-30, 2019.

Hospital de la Familia, Nuevo Progreso, Guatemala. October 21-31, 2022.

SURGICAL PROCEDURES PERFORMED – CATARACT

Light adjustable intraocular lens implants (RxSight)
Sutureless dropless clear cornea phacoemulsification with foldable intraocular lens implant
Intraocular lens exchange
Secondary intraocular lens implantation with scleral fixation
YAG laser capsulotomy

SURGICAL PROCEDURES PERFORMED – GLAUCOMA

Deep sclerectomy with mitomycin C with YAG laser goniotomy
Trabeculectomy with mitomycin C with laser suture lysis
Bleb needling (in OR and at slit lamp)
Glaucoma drainage device (GDD) implantation, revision, and removal
 Ahmed FP7 (New World Medical)
 Baerveldt 250 mm², 350 mm² (Johnson & Johnson)
 Molteno 3 (Molteno Ophthalmic Limited)
 Clear Path 250 mm², 350 mm² (New World Medical)
Trans-scleral diode laser cyclophotocoagulation (TSCPC)
 Continuous wave – G probe
 Micropulse – MP3 Rev2 probe
Selective Laser Trabeculoplasty (SLT)
Laser peripheral Iridotomy (LPI)
Laser iridoplasty
Same-quadrant supra-Tenons glaucoma drainage device exchange (inventor)
Combined XEN gel stent (Allergan/Abbvie) and supra-Tenons Clear Path 250 mm² (New World Medical) GDD (inventor)

MINIMALLY INVASIVE GLAUCOMA SURGERY (MIGS)

Durysta sustained release bimatoprost implant (Allergan/Abbvie)
iStent Trabecular Bypass G1 (Glaukos)
iStent Inject W Trabecular Bypass (Glaukos)
iStent Infinite (Glaukos)
Hydrus microstent (Ivantis)
Cypass (Alcon) (withdrawn from market)
XEN gel stent (Allergan/Abbvie)
 Ab interno approach
 Ab externo closed conjunctival approach
 Ab externo open conjunctival approach
Kahook Dual Blade / Glide (New World Medical)
Ab externo Canaloplasty (NovaEye Medical)
Ab interno Canaloplasty (ABiC) with iTrack Advance (Nova Eye Medical)
Gonioscopy-assisted transluminal trabeculectomy (GATT)
OMNI combined viscodilation and trabeculectomy (Sight Sciences)
Streamline goniotomy/viscodilation (New World Medical)
iAccess micro-goniotomy (Glaukos)
iPrime goniotomy/viscodilation (Glaukos)
SION goniotomy (SightSciences)

EXHIBIT T

OPPOSITION TO EMERGENCY MOTION FOR MEDICAL FURLOUGH 2:24-CR-91-ODW

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 15 UNITED STATES OF AMERICA

16 UNITED STATES DISTRICT COURT
 17 FOR THE CENTRAL DISTRICT OF CALIFORNIA

18 UNITED STATES OF AMERICA,
 19 Plaintiff,
 20 v.
 21 ALEXANDER SMIRNOV,
 22 Defendant.

No. CR 2:24-cr-00091-ODW

GOVERNMENT'S OPPOSITION TO
DEFENDANT'S EMERGENCY EX
PARTE MOTION FOR MEDICAL
FURLOUGH

23 Defendant Alexander Smirnov ("Defendant") filed a motion yesterday seeking a
 24 30-day medical furlough or, alternatively, an order directing the United States Marshals
 25 Service ("USMS") to transport him to San Francisco, California for a medical procedure
 26 on March 27, 2024, and for all medically required post-operative care through April 26,
 27 2024. Defendant, however, presents a substantial flight risk, which justified his detention
 28 in the first place and counsels against his release here. Moreover, Defendant has access
 to necessary medical treatment through USMS and his current jail facility, the Santa Ana
 City Jail (or, "facility"), should he avail himself of it through the proper procedures and

1 channels, which he has not yet done. Lastly, it is impracticable and would pose a hardship
2 to USMS for USMS to transfer Defendant to San Francisco for medical treatment he
3 otherwise can receive nearby the facility where is presently detained. For those reasons,
4 the Court should deny Defendant's motion for temporary release.

5 Dated: March 12, 2024

6 Respectfully submitted,

7 DAVID C. WEISS
8 Special Counsel

9 LEO J. WISE
10 Principal Senior Assistant Special Counsel

11 DEREK E. HINES
12 Senior Assistant Special Counsel

13 /s/
14 SEAN F. MULRYNE
15 CHRISTOPHER M. RIGALI
16 Assistant Special Counsels

17 United States Department of Justice
18
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1 **MEMORANDUM OF POINTS AND AUTHORITIES**

2 **I. BACKGROUND & ARGUMENT**

3 On March 11, 2024, Defendant filed a motion seeking a “medical furlough” during
4 which he would be released from custody for approximately 30 days, between March 27,
5 2024 and April 26, 2024. Specifically, Defendant seeks release for surgery with a doctor
6 in San Francisco on March 27, 2024, and then to attend weekly post-operative care visits.
7 Alternatively, if his furlough is denied, Defendant asks this Court to order USMS to
8 transport him to his surgery on March 27 and his post-operative visits thereafter. The
9 United States, through undersigned counsel, hereby opposes this motion.

10 Defendant is charged with making a false statement to law enforcement, in
11 violation of 18 U.S.C. § 1001, and causing the creation of a false and fictitious record in
12 a federal investigation, in violation of 18 U.S.C. § 1519. He is a dual United States/Israeli
13 citizen who has claimed to have had numerous foreign relationships and contacts,
14 including with multiple foreign intelligence agencies, and who has traveled abroad
15 widely. Based on financial records, Defendant has access to more than \$6 million in
16 liquid funds, which he did not disclose to Pretrial Services. Given those issues and
17 concerns, the Court granted the government’s motion to revoke Defendant’s pretrial
18 release. Accordingly, the Court’s In Camera Minute Order dated February 22, 2024
19 stated the following:

20 Now having considered the history of Defendant’s relationship with his FBI
21 handler during which he has proven himself not to be trustworthy, his
22 admitted extensive and recent contacts with agents of foreign intelligence
23 agencies, including Russian intelligence, and his stated intention to once
24 again leave the country, this court has conducted its own de novo review, and
as a result this court reverses the release order and requests the issuance of an
arrest warrant for Defendant.

25 Considering the fact Defendant has at his immediate disposal several million
26 dollars, the ability to secure a passport at the Israeli embassy and foreign
27 interests likely willing to assist Defendant in evading capture. An ankle
bracelet is at best an irritant and insignificant impediment to his ability to
28 leave the country. In this court’s considered opinion, the only effective

1 measure to assure Smirnov makes his court appearances is detention.

2 ECF No. 15.

3 Despite no legal requirement to do so, this Court also scheduled an immediate
4 detention hearing on February 26, 2024 and, following a consideration of the arguments
5 by the parties, issued an Order of Detention, confirming that Defendant presented a flight
6 risk warranting pretrial detention and that no condition or combination of conditions
7 could reasonably ensure his appearance. ECF No. 46. Those same issues and concerns
8 that informed the Court's detention finding are equally applicable here, providing a firm
9 and clear basis for denying Defendant's motion. Simply put, the Court's findings and
10 conclusion that Defendant is a significant flight risk for whom only detention will
11 guarantee his appearance counsel strongly against Defendant's request that he be released
12 from detention, whether for 30 consecutive days or multiple occasions.

13 Notwithstanding Defendant's risk of flight, other practical reasons also disfavor his
14 request for furlough and/or repeated USMS transportation to San Francisco. First,
15 Defendant already has access to appropriate medical treatment as provided by medical
16 service providers who are under contract with Defendant's current jail facility, the Santa
17 Ana City Jail. But to the government's knowledge, Defendant has not formally sought
18 that treatment by submitting an official request and initiating the process through which
19 all similarly situated detainees and inmates at the facility would seek and receive
20 necessary medical treatment. According to USMS¹ and as set forth in a letter from the
21 Santa Ana Police Department (attached as "Exhibit 1"), Defendant, like others at his
22 facility, must submit a request for medical treatment to the facility's staff; USMS then
23 reviews that request. Upon approval, USMS transports the detainee, as appropriate and
24

25 ¹ The government, like defense counsel, spoke with a USMS representative prior
26 to filing. Defense counsel's recitation of the typical protocol by detainees and inmates to
27 procure medical services through the Santa Ana City Jail and USMS, *see* Def. Mot. at 2
28 n.1, is consistent with what USMS shared with the government and what is described in
Exhibit 1.

1 necessary, to a medical service provider who has contracted with the facility to provide
2 medical services to the facility's detainees and inmates. In addressing Defendant's
3 motion, the government understands, based on its discussion with USMS, that
4 Defendant's facility contracts with ophthalmologists in Orange County, where the facility
5 is located. Defendant, therefore, has capable medical staff available to him through
6 USMS and his facility who can presumably evaluate and treat his present health issues,
7 or otherwise make whatever recommendations or referrals it deems appropriate.
8 Nonetheless, Defendant has not availed himself of those services through proper channels
9 and procedures. Should Defendant submit a request to visit a local ophthalmologist,
10 USMS would review the request and, if approved, transport him to that service provider.
11 Absent any effort to explore this option, Defendant's motion is premature, and he is not
12 entitled to the relief sought here.

13 In addition, granting Defendant's motion and deviating from the facility's process
14 risks burdening USMS with a substantial hardship. USMS must manage finite resources,
15 including staff and financial expenditures, while also ensuring the safety and security of
16 the detainees it transports and the USMS officials who conduct those transports. Where,
17 as here, a service provider associated with the Santa Ana City Jail can provide proper
18 medical care in the facility's county in lieu of a six-hour trek hundreds of miles away to
19 San Francisco, USMS's interests in managing and conserving resources and safeguarding
20 the safety and well-being of its detainees and employees are paramount. To grant
21 Defendant's motion is to impose a substantial hardship on USMS when a suitable and
22 appropriate option exists in relatively close proximity to and through established channels
23 with the facility. This is all especially true where Defendant has requested release and
24 transportation not only for his medical procedure on March 27, 2024, but also for routine
25 post-operative care, which would require USMS to transport Defendant hundreds of miles
26 from his facility to San Francisco, and back again, weekly and for about a month.

27 II. CONCLUSION

28 Based on the above, this Court should deny Defendant's Motion.

CERTIFICATE OF SERVICE

I hereby certify that on this date, I electronically filed the foregoing pleading with the Clerk of the Court using the CM/ECF system, which will send notification of such filing to the attorneys of record for Defendant.

Dated: March 12, 2024

Exhibit 1

AA000459

MAYOR
Valerie Amezcua
MAYOR PRO TEM
Thai Viet Phan
COUNCILMEMBERS
Phil Bacerra
Johnathan Ryan Hernandez
Jessie Lopez
David Penaloza
Benjamin Vazquez



INTERIM CITY MANAGER
Tom Hatch
CITY ATTORNEY
Sonja R. Carvalho
CITY CLERK
Jennifer L. Hall

CITY OF SANTA ANA

POLICE DEPARTMENT

60 Civic Center Plaza • P.O. Box 1981
Santa Ana, California 92702
www.santa-ana.org/PD

March 11, 2024

Derek E. Hines
Senior Assistant Special Counsel
U.S. Department of Justice
CC: Kith Richard

I have been requested to provide a detailed overview of the medical process for inmates at the Santa Ana Jail, with a specific focus on inmate Smirnov.

Santa Ana Jail medical procedure:

All new intakes undergo a medical screening upon arrival. As part of the classification process, inmates receive a Santa Ana Jail inmate handbook that includes instructions on how to request medical services while in custody. The inmate acknowledges receipt of the handbook by signing a form during the classification process. Once housed, inmates have access to medical request forms and can submit them as necessary. When an inmate submits a medical request, it will be reviewed by our medical team.

The process includes the following steps:

- The medical team will assess the inmate's condition and address any immediate concerns.
- If the necessary treatment can be provided within our facility, it will be administered accordingly.
- In the event that the inmate requires specialized treatment, a USM PMR form will be filled out and submitted to the US Marshals office for approval.
- If the request is approved, our medical department will schedule an appointment with the specialist. Transportation arrangements will also be made through the US Marshals office.

SANTA ANA CITY COUNCIL

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AA000460

Inmate Smirnov was booked into the Santa Ana Jail on 02/28/2024. Since his arrival, Mr. Smirnov has submitted six medical request forms and has been evaluated by Wellpath medical staff. See attached document. His complete medical records will be forwarded in a separate email once received from Wellpath.

Should you have any questions regarding this response, kindly contact Jaime Manriquez at 714-245-8123 or email jmanriquez@santa-ana.org

Sincerely,

Robert Rodriguez
Acting-Chief of Police



Jaime Manriquez
Jail Administrator
Santa Ana Police Department

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AA000461

EXHIBIT U

ORDER DENYING EMERGENCY MOTION FOR MEDICAL FURLOUGH 2:24-CR-91-ODW

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8 **United States District Court**
9 **For The Central District of California**
10

11 **UNITED STATES OF AMERICA**

12 Plaintiff,

13 v.

14 **ALEXANDER SMIRNOV**

15 Defendant.
16

2:24-CR-00091-ODW

**ORDER DENYING EMERGENCY
REQUEST FOR 30 DAY MEDICAL
FURLOUGH[52]**

17 For the second time, Defendant has sought emergency relief to be
18 released from custody, this time to obtain glaucoma surgery and
19 subsequent appointments for all necessary post-operative care. In the
20 alternative, he requests to be transported by the United States
21 Marshal's Service to San Francisco for the procedure as well as for all
22 necessary post-op care and treatment.

23 Both Defense counsel and counsel for the government have made
24 necessary contact with all those who would be charged with the
25 responsibility of effectuating either option.

26 As might be expected, securing necessary medical care for those
27 persons in the physical or constructive custody of the U.S. Marshal's
28 Service is not novel. There are procedures in place to assure the medical

1 needs of inmates are met. The first step in the established protocol, of
2 which defendant has been advised, is a request made to the detaining
3 facility, in this case the Santa Ana City Jail. The Court has also been
4 provided with correspondence from the Santa Ana Police Department
5 detailing the process an inmate follows in requesting medical attention.
6 (See Exhibit A to the govt's Opposition to Defendant's ex parte
7 application for emergency relief.) Defendant has apparently initiated
8 that process and his request has been evaluated. Assuming the
9 necessary procedure cannot be performed at his current facility, upon
10 approval by the USMS, he will be transported to an appropriate medical
11 facility under contract with the USMS, for the necessary medical
12 procedure.

13 The Court finds the established protocol is reasonable, considering
14 the limited resources of the USMS and the fact that he is presently
15 housed in a large metropolitan area equipped with first-rate medical
16 resources necessary to address defendant's needs while not
17 compromising the security interests of the government. For these
18 reasons, Defendant's request is **DENIED**.

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DATED: March 13, 2024


OTIS D. WRIGHT, II DISTRICT JUDGE

CERTIFICATE OF SERVICE

I hereby certify that on this 14th day of March, 2024, I caused the forgoing document to be filed electronically with the Clerk of the Court through the CM/ECF system for filing; and served on counsel of record via the Court's CM/ECF system including:

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/s/ Rosemary Reyes
Employee of Chesnoff & Schonfeld